MARYLAND STATE DEPARTMENT OF HEALTH

11015

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Herman 16 yrs | LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Herman. X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	Edward	Bailey.	11	22	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	White	Married	6-10-1887	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Carpenter	Retired Repair	Earleville Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles H. Bailey	Emma Lee.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	140-12-9629.	Anna Widdoes, Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Coronary Occlusion — Interval between onset and death:

Antecedent cause(a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. C. Dodson MD DM E		Rising Sun Md.	11-23-53

BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 26. 1953	Johnstown Cem.	Rural Earleville Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/26/1953	Ina Ralph H. Reed	Edward Pellour	Millington Md.

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11016

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perryville X
LENGTH OF STAY (in this place) 52 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aikin Ave X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perryville, X
STREET ADDRESS (If rural give location) Aikin Ave.

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) May (Last) Baker
4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 9, 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Richard Rutter
14. MOTHER'S MAIDEN NAME: Mary Anne Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: William E. Baker, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Carcinoma Left Breast — Interval Between Onset And Death: 3 yrs 9 Mos

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis & Endocarditis. 10 yrs

19a. DATE OF OPERATION: Aug - 1948
19b. MAJOR FINDINGS OF OPERATION Carcinoma Left Breast -
20. AUTOPSY? Yes ☐ No X

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Nov-17, 1953, that I last saw the deceased alive on Nov 17, 1953 and that death occurred at 4. P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Clarence Benson, M.D. — ADDRESS Port Deposit, Md — DATE SIGNED 11-19-1953

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial
DATE THEREOF 11-21-1953
NAME OF CEMETERY OR CREMATORY Principio
LOCATION (City, town, or county) (State) Principio Furnace, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 20, 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty acting Reg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11017

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, Rural — LENGTH OF STAY (In this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rising Sun Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, Rural
STREET ADDRESS (If rural, give location) Rising Sun Rd.

3. NAME OF DECEASED (Type or Print): (First) Jay (Middle) H. (Last) Biddison

4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 12-14-1894

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Passenger Conductor

10b. KIND OF BUSINESS OR INDUSTRY: P R R

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Biddison

14. MOTHER'S MAIDEN NAME: Anna Bevans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Emma H. Biddison, Port Deposit, Md. Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163x

Immediate cause (a) Cancer of lungs — Interval between onset and death: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19 53, to 11-23, 19 53, that I last saw the deceased alive on 11-23, 19 53, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): S/ Richard L. Hill, M.D. — ADDRESS: R.F.D. No. 1 Md. — DATE SIGNED: 11-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-28-1953 — NAME OF CEMETERY OR CREMATORY: Hopewell — LOCATION (City, town, or county) (State): Port Deposit, Md, Rural

DATE REC'D BY LOCAL REG.: Nov. 25 1953 — REGISTRAR'S SIGNATURE: Ida M. Dougherty acting Reg. — 24. FUNERAL DIRECTOR, ADDRESS: Eva. Patterson & Son. Perryville, Md.

RECEIVED
NOV 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11018

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East X
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) WALTER (Last) BRYANT
4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced.
8. DATE OF BIRTH 7-16-1884
9. AGE last birthday 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Jacob Osborn Bryant
14. MOTHER'S MAIDEN NAME Mary Emma Wolfe.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 201-07-2262
17. INFORMANT AND ADDRESS Elmer J Bryant, Boothwyn. Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson MD (Degree or title) D M E
ADDRESS Rising Sun Md.
DATE SIGNED 11-2-53

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 4-1953
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) (State) North East Cecil Co Md

DATE REC'D BY LOCAL REG. Nov 3-53
REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR Joseph R Grant
ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11019

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 97

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge | LENGTH OF STAY (In this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U S Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY Kent New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Castle Camden
STREET ADDRESS (If rural, give location) V-07.3 V

3. NAME OF DECEASED (Type or Print) (First) Kenneth (Middle) Brian (Last) Catorio
4. DATE OF DEATH (Month) 11 (Day) 7 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 11-6-53
9. AGE last birthday yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) U S Naval Hospital Bainbridge Md
12. CITIZEN OF COUNTRY
13. FATHER'S NAME Charles Joseph Catorio
14. MOTHER'S MAIDEN NAME Phyllis Romano
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4 no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Charles J. Catorio, New Castle Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

776x Immediate cause (a) Prematurity 8 mos. 2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) gestation

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X therein and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R L Dodson MD (Degree or title) Dm E ADDRESS Rising Sun Md DATE SIGNED 11-8-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11-9-53 | NAME OF CEMETERY OR CREMATORY West Nottingham Cemetery | LOCATION (City, town, or county) Colora, Cecil (State) Md

DATE REC'D BY LOCAL REG. 11-9-53 | REGISTRAR'S SIGNATURE Dorothy B. Bramble | 24. FUNERAL DIRECTOR Tw A. Patterson & Son ADDRESS Perryville, Md.

20X3202343

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A154

RECEIVED
NOV 12 1923
BUREAU V. S.

11020

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 268 W. Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 268 W. Main

3. NAME OF DECEASED (Type or Print) (First) GILBERT (Middle) MURRAY (Last) CAVENDER

4. DATE OF DEATH (Month) 11 (Day) 12 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-4-08
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber
10b. KIND OF BUSINESS OR INDUSTRY Plumbing
11. BIRTHPLACE (State or foreign country) Christiana 100 Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry F Cavender, Sr.
14. MOTHER'S MAIDEN NAME Florence Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 218-18-6825
17. INFORMANT AND ADDRESS Mary C Cavender. Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9817 Immediate cause (a) Hemmorrhage, Gun shot wound of left upper lobe of lung

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Right side of face near corner of mouth.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY Home.
(CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 11 (Day) 12. (Year) 1953 (Hour) 10:25 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Was shot by Nephew.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X; Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide X undetermined ___.*

SIGNATURE R C Dodson MD (Degree or title) D M E ADDRESS Rising Sun Md. DATE SIGNED 11-13-53

MANNER OF DISPOSITION (Specify) Burial
DATE THEREOF Nov. 15/53
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) Elkton, Md (State)

DATE REC'D BY LOCAL REG. Nov 13
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] Elkton Md ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11021

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point X
LENGTH OF STAY (in this place): 5yr.6mo.11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1718 McCulloh Street

3. NAME OF DECEASED: (Type or Print) (First) THEODORE (Middle) J. (Last) CHAPMAN
4. DATE OF DEATH: (Month) November (Day) 16 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Single	12-29-1889	63 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waiter	Unknown	Maryland	USA

13. FATHER'S NAME: Bernard Chapman - Deceased
14. MOTHER'S MAIDEN NAME: Norma Noble - Deceased

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WW I	Unknown	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Thrombosis	
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Cerebral Arteriosclerosis	1 week
DUE TO		
	(c) Bronchopneumonia, terminal	Approx. 1 week

332X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work [ ] Not While At Work [ ]	HOW DID INJURY OCCUR?
VA m.		

22. I hereby certify that I attended the deceased from 5-5 ,1948 , to 11-16 , 1953 , and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE: W. OPPLER, M.D. (Degree or title) — ADDRESS: Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: 11-18-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	11-17-53	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 18 1953 — REGISTRAR'S SIGNATURE: Ida M. Daugherty acty Reg. — 24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

VS. 215

NOV 19 1953

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11022

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton Md
LENGTH OF STAY (in this place) 8 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural X
STREET ADDRESS (If rural give location) Elkton

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Jones (Last) Curry
4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 7-7-[illegible]
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): watchman
10b. KIND OF BUSINESS OR INDUSTRY: B & C RR
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: George W Curry
14. MOTHER'S MAIDEN NAME: Esther Jones

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 705-07-1453
17. INFORMANT & ADDRESS: Thomas D. Curry 54 Lemon St Buffalo. N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
09 2 x
Immediate cause (a) Infectious hepatitis,
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Same
DUE TO
(c) Same

Interval Between Onset And Death 4 weeks.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10:19, 1953, to 11:11, 1953, that I last saw the deceased alive on 11:11, 1953, and that death occurred at 10 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Peter Shaughnessy M.D.
ADDRESS 154 W. Main St. Elkton, Md
DATE SIGNED 11-11-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 13/53
NAME OF CEMETERY OR CREMATORY Cherry Hill
LOCATION (City, town, or county) Cherry Hill Md (State)
DATE REC'D BY LOCAL REGISTRAR Nov 13
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Kippen & Son Elkton, Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11023

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Near Elkton
LENGTH OF STAY (in this place) 6 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Blue Ball Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Near Elkton
STREET ADDRESS (If rural give location) Blue Ball Road.

3. NAME OF DECEASED: (Type or Print) (First) ELINOR (Middle) LOUISE (Last) EGAN

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1953

5. SEX: F. 6. COLOR OR RACE: Wh 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed 8. DATE OF BIRTH: Aug 27 1877 9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: At Home 10b. KIND OF BUSINESS OR INDUSTRY: Home wife. 11. BIRTHPLACE (State or foreign country): Brooklyn N.Y. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George H. Berry. 14. MOTHER'S MAIDEN NAME: Isabella Denny.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No 16. SOCIAL SECURITY NO.: None 17. INFORMANT & ADDRESS: Mrs Sally Hunold Blue Ball Road Elkton, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
422.1
Immediate cause (a) Arteriolarti Cutis-Vesalen Disease DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)
Interval Between Onset And Death Unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia 2 weeks.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 29, 1953, to Nov. 25, 1953, that I last saw the deceased alive on Nov. 24, 1953, and that death occurred at 8:00 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) M.D. ADDRESS Elkton Maryland DATE SIGNED 11/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 28/53 NAME OF CEMETERY OR CREMATORY Greenwood LOCATION (City, town, or county) Brooklyn, N.Y. (State)

DATE REC'D BY LOCAL REGISTRAR Nov 26 REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR H. Hoffman & Son ADDRESS Elkton, Md

VS. 415

BUREAU V. S.

Marital Status: Film G160 12/22/53 dmr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CECILTON
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) RAYMOND (Middle) P. (Last) FILLINGAME

4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: NOV. 16, 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TOLACKSMITH
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY W. FILLINGAME
14. MOTHER'S MAIDEN NAME: ARABELLE BUCKWORTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of [redacted])
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Grace Burris Fillingame - Cecilton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

431 X

Immediate cause (a) ACUTE + CHRONIC MYOCARDITIS — Interval Between Onset And Death: 10 DAYS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) PERICARDITIS — 3 YEARS

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, 1948, to NOV. 30, 1953, that I last saw the deceased alive on NOV 30, 1953, and that death occurred at 1.00 A.M., from the causes and on the date stated above.

SIGNATURE Henry V. Dorn (Degree or title) M.D. ADDRESS Chesapeake City Md DATE SIGNED 11/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 2, 1953
NAME OF CEMETERY OR CREMATORY Galena Cem.
LOCATION (City, town, or county) Galena Kent Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec 2
REGISTRAR'S SIGNATURE H. [illegible]
24. FUNERAL DIRECTOR Edward Fellows Millington Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11025

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Cecil COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton; LENGTH OF STAY (in this place): 8 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D. X	STREET ADDRESS (If rural give location): R.F.D.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (Last) FRENG

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) married

8. DATE OF BIRTH: Aug 24 1894

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Auto supplies

11. BIRTHPLACE (State or foreign country): Riga, Latvia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Freng

14. MOTHER'S MAIDEN NAME: Sara Ann Raven

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 222-09-9754

17. INFORMANT: Herbert Freng. (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151x Immediate cause (a) Acute cardiac dilatation — INTERVAL BETWEEN ONSET AND DEATH: 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of stomach — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 3-1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to Nov 19, 1953, that I last saw the deceased alive on Nov 19, 1953, and that death occurred at 5 30 A.m., from the causes and on the date stated above.

SIGNATURE: J Herbert Bates (Degree or title) M.D ADDRESS: Elkton Md DATE SIGNED: 11/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial. DATE THEREOF: Nov. 20/53 NAME OF CEMETERY OR CREMATORY: Montefiore LOCATION (City, town, or county) (State): Fox Chase, Phila Pa

DATE REC'D BY LOCAL REG.: Nov 19 REGISTRAR'S SIGNATURE: F R Frazer 24. FUNERAL DIRECTOR: A W Rippin & Son ADDRESS: Elkton Md

By C W Rippin

RECEIVED
NOV 2 1 13
BUREAU V. S.

11026

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Elkton — LENGTH OF STAY (In this place) 5 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) AUDREY (Middle) FAY (Last) GARSITE
4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1953
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 11 1926
9. AGE last birthday: 25 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Berrytown W. Va.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Elza Arthur Rucker
14. MOTHER'S MAIDEN NAME: Fileta Bell Childrey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-28-2018
17. INFORMANT AND ADDRESS: Orville W. Rucker, 1906 D. Claymont Blvd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured Rt femur.

x19X Antecedent cause (b) Internal Injuries Shock.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Probable fracture of skull.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm.
(CITY OR TOWN) North East (COUNTY) Rural Cecil (STATE) Md.
TIME OF INJURY: (Month) 10 (Day) 30 (Year) 53 (Hour) 8 a.m.
INJURY OCCURRED: While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto Cut Culbert

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ___, accident X suicide ___, homicide ___, undetermined ___.

SIGNATURE: R. C. Dodson MD (Degree or title) DME — ADDRESS: Rising Sun Md. — DATE SIGNED: 11-1-53

DISPOSITION: Removal — DATE THEREOF: Nov. 3 1953 — NAME OF CEMETERY OR CREMATORY: Freenbrook Cemetery Summers Co. Hinton — LOCATION (City, town, or county) (State): West Virginia

DATE REC'D BY LOCAL REG.: 2 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: H. W. Pippin & Son Clinton, Md. — ADDRESS: D.D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11027

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, Maryland X
LENGTH OF STAY (in this place) 8 yrs 11 mos 28 d
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY V 4
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 2111 Nichols Avenue, S.E.,

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) H. (Last) HITSELBERGER
4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 9-19-90
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN J. HITSELBERGER - Deceased
14. MOTHER'S MAIDEN NAME: CARRIE GRACE WOLF - Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-1
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: App.17 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Possible carcinoma of bladder — Unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome associated with central nervous system syphilis, meningo-encephalitic — Unknown

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I VA attended the deceased from Nov 27, 1944, to Nov 24, 1953, ~~XXXXXXXXXXXXXXXXXXXX~~ ~~alive on XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 1:25 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. J. OPPLER, M.D. Chief, Professional Services, VAH, Perry Point, Md. 11-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 11-26-53
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR Nov. 27, 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty Actg Reg.
24. FUNERAL DIRECTOR Pennington + Son ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11028

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELKTON
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY CECIL
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PERRYVILLE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) MORGAN (Last) HOWELL

4. DATE OF DEATH: (Month) Nov (Day) 5 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Dec 17 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H Heverin
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Jess. Nolan Howell Sr. North East Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 5703

Immediate cause (a) Intestinal Obstruction — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardiovascular Disease — Unknown

19a. DATE OF OPERATION: Nov. 5, 1953
19b. MAJOR FINDINGS OF OPERATION: Volvulus with gangrene of loop of small bowel
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 1953, to Nov. 5, 1953, that I last saw the deceased alive on Nov. 5, 1953, and that death occurred at 7:12 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Ralph Andrews Jr. M.D. ADDRESS Elkton Md DATE SIGNED 11/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov 8 1953 NAME OF CEMETERY OR CREMATORY Charlestown LOCATION (City, town, or county) Charlestown Cecil Co Md (State)

DATE REC'D BY LOCAL REGISTRAR Nov 6 REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11029

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location) 115 Bridge St.

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) S. (Last) McKnight
4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1953
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 10/22/87
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William A. Burkley
14. MOTHER'S MAIDEN NAME: Virginia Dunbar
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Dr. McKnight (husband) Elkton, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

453.1

Immediate cause (a) Patient died unexpectedly while in

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) sleep. Post-op course entirely uneventful

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/9/53
19b. MAJOR FINDINGS OF OPERATION Arteriosclerotic Gangrene, left foot
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1953, to Nov 19, 1953 that I last saw the deceased alive on Nov 18, 1953, and that death occurred at 7 05 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank G. Faraino, M.D. ADDRESS 129 E. Main St. Elkton, Md DATE SIGNED 11/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 22/53 NAME OF CEMETERY OR CREMATORY Elkton LOCATION (City, town, or county) Elkton, Md (State)
DATE REC'D BY LOCAL REGISTRAR Nov 21 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR H. W. Pippin Son Per [illegible] ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED

U. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age specially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11030

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blythedale. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rd.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) RUSSELL (Middle) HOWARD (Last) McNEIL
4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3-2-1924
9. AGE last birthday: 29 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Auto Repair
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry McNeil
14. MOTHER'S MAIDEN NAME: Florence Merk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 2.
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Florence. Lynch. Rising Sun Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 973.1 (a) Carbon monoxide gas

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) poisoning

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Grand Pit — (CITY OR TOWN) Blythedale. (COUNTY) Cecil (STATE) Md.

TIME OF INJURY: (Month) 11 (Day) 1 (Year) 53 (Hour) 9 P.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Hose attached to Ex Pipe

22. I certify that I took charge of the remains described above held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident , suicide X homicide , undetermined .

SIGNATURE: R. C. Dockson (Degree or title) MD — ADDRESS: DME Rising Sun Md — DATE SIGNED: 11-3-53

CREMATION (Specify): Burial — DATE THEREOF: 11-4-1953 — NAME OF CEMETERY OR CREMATORY: Asbury — LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: Nov. 4, 1953 — REGISTRAR'S SIGNATURE: Ida M. Daugherty Actg. Reg. — 24. FUNERAL DIRECTOR: Lee A. Patterson & Son. — ADDRESS: Perryville, Md.

RECEIVED
.01
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11031

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1 PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bainbridge X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital 50

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location)
New Farm

3 NAME OF DECEASED: (Type or Print) (First) MICHAEL (Middle) KEITH (Last) MILES

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 11-3-53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 90sec

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ---
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: KEITH C. MILES
14. MOTHER'S MAIDEN NAME: MARY HAZEL COFFEY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 ----- (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No: --------
17. INFORMANT & ADDRESS: Trailer #83, Naval Housing FA: Keith C. Miles, Bainbridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 5 hrs.

761.0
Immediate cause (a) DUE TO HEMORRHAGE, SUBDURAL ~~#3310~~

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO CONTRACTED PELVIS WITH DYSTOCIA #6670

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 3, 19 53, to Nov. 3, 19 53, that I last saw the deceased alive on Nov. 3, 19 53, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE V. M. Reist (Degree or title) V. M. REIST CDR MC USN
ADDRESS BAINBRIDGE, MARYLAND
DATE SIGNED 11-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-4-53
NAME OF CEMETERY OR CREMATORY West Nottingham Cemetery
LOCATION (City, town, or county) (State) Colora, Cecil Co. Md.

DATE REC'D BY LOCAL REGISTRAR 11-4-53
REGISTRAR'S SIGNATURE Dorothy B. Brambe
24. FUNERAL DIRECTOR Lee A. Patterson & Son
ADDRESS Perryville, Md.

20X3291404.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

Item 21 Film G160 12-15-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11032

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Liberty Grove
LENGTH OF STAY (in this place) 81 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Liberty Grove
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) McCardell (Last) Montgomery
4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec.25,1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retail Grocery Store
10b. KIND OF BUSINESS OR INDUSTRY: Store Owner
11. BIRTHPLACE (State or foreign country): Liberty Grove Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George McCardell
14. MOTHER'S MAIDEN NAME: Annie McDowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs.J.C.Emery Colora,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

900.0

Immediate cause (a) Hypostatic pneumonia — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Trauma — 6 mos.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Liberty Grove (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 1 (Day) 31 (Year) 53 (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? Fell down front steps

22. I hereby certify that I attended the deceased from 11/24, 1953, to 11/27, 1953 that I last saw the deceased alive on 11/27, 1953, and that death occurred at 9:30 AM from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 11/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov.29,1953
NAME OF CEMETERY OR CREMATORY West Nottingham
LOCATION (City, town, or county) Near Colora, (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov 27-53
REGISTRAR'S SIGNATURE L M McWhirigton
24. FUNERAL DIRECTOR J. E. Tyson
ADDRESS Rising Sun. Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
DEC 1 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11033

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 55 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Clinton St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location) 109 Clinton St.

3. NAME OF DECEASED: (Type or Print) (First) Glandora (Middle) Moore (Last)
4. DATE OF DEATH: (Month) (Day) (Year) 11/11/53 19

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 3, 1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Private Homes
11. BIRTHPLACE (State or foreign country): Elkton, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Moore
14. MOTHER'S MAIDEN NAME: Louise Douglas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Elsie Howard-#3 Vinsinger Lane, Elkton Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Cancer metastases, generalized — Interval Between Onset And Death: few months.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cancer of the stomache — 2 years.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hyperthyreoidism — ?

19a. DATE OF OPERATION: 1951
19b. MAJOR FINDINGS OF OPERATION: Stomache cancer
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.10, 1953, to Nov. 11, 1953, that I last saw the deceased alive on 11.8, 1953, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Peter Stavrakis M.D. ADDRESS 154 W. Main St. Elkton, Md. DATE SIGNED 11.11.53.

23. BURIAL, CREMATION, REMOVAL (Specify) Pal
DATE THEREOF 11/14/53
NAME OF CEMETERY OR CREMATORY Providence Cem.
LOCATION (City, town, or county) (State) Elkton, Md.

DATE REC'D BY LOCAL REGISTRAR Nov 14
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Edw K Bell ADDRESS 909 Poplar St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

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1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

5034

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earlville Rural — LENGTH OF STAY (In this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earlville Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED Type or Print	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Clifton	W.	Morgan	11	19	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	White	Married	11-26-1912	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Supervisor Dairy & Meat		Chesapeake City Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Alvin Morgan	Georgia A. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	221-05-8603	Evelyn B Morgan, Earlville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. WAS ACCIDENTAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY: Month	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the said ... and by said Autopsy, Inspection or Inquiry, find it said deceased died on the day stated above, and death in my opinion resulted from ... natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R E Dodson	MD DME	Rising Sun Md	11-20-53

DISPOSITION (Burial, cremation, removal)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 21/53	St Stevens	Earlville RD	Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 21 1953	Mrs Harriet W. Chesney	H W Pippin & Son By W.H.P.	Elkton, Md.

MARGIN RESERVED FOR BINDING. PLEASE WRITE LEGIBLY WITH INDELIBLE INK. Supply every item of information carefully. The correct and complete statement of death clearly and legibly is especially important. Physicians: please write the

RECEIVED
NOV 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11035

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural. LENGTH OF STAY X (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 279. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ARWILDA (Middle) SIMPERS (Last) MURPHY
4. DATE OF DEATH (Month) 11 (Day) 17 (Year) 1953
5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 8-19-22.
9. AGE last birthday 31 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Powder Worker
10b. KIND OF BUSINESS OR INDUSTRY Fireworks
11. BIRTHPLACE (State or foreign country) Cecil Co Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Charles Simpers
14. MOTHER'S MAIDEN NAME Julia Hammond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Charles Simpers, Elkhills Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull & neck.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Abrasion Left knee & neck.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Route 279. (CITY OR TOWN) Elkton Rural. (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 11 (Day) 17 (Year) 53 (Hour) 1:45 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto hit concrete abutment

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ___, accident X suicide ___, homicide ___, undetermined ___.

SIGNATURE R C Dodson (Degree or title) MD DME ADDRESS Rising Sun Md DATE SIGNED 11-17-53

CREMATION (Yes, no, or unknown) Burial. DATE THEREOF Nov. 20/53 NAME OF CEMETERY OR CREMATORY Cherry Hill. LOCATION (City, town, or county) Cherry Hill, Md (State)

DATE REC'D BY LOCAL REG. Nov 20 REGISTRAR'S SIGNATURE F R Frazer
21. FUNERAL DIRECTOR H. W. Peppin & Son, Elkton, Md ADDRESS By D. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil county — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Devine nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Newark Del — COUNTY: N. C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newark
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Elva (Middle) austin (Last) naylor
4. DATE OF DEATH: (Month) 11 — (Day) 20 — (Year) 1953
5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept 15-1996
9. AGE last birthday: 57 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House surf
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Del.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry austin
14. MOTHER'S MAIDEN NAME: Mary Jane Osaacs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Melvin naylor Newark Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

17 X Immediate cause (a) Carcinoma of lungs, metastasis — 1 1/2 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of breast

(260X) (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION: Jan 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24, 1953, to 11-20-, 1953, that I last saw the deceased alive on 11-20-, 1953, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE: J Herbert Bates (Degree or title) M.D. — ADDRESS: Elkton Md — DATE SIGNED: 11/21/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 11-22-53 — NAME OF CEMETERY ~~OR CREMATORY~~: Townsend Cemetery — LOCATION (City, town, or county) (State): Townsend Del.
DATE REC'D BY LOCAL REG.: Nov 22 — REGISTRAR'S SIGNATURE: F K Frazer
24. FUNERAL DIRECTOR: G. Foster Daniels — ADDRESS: Middletown Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1037

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT, MARYLAND
LENGTH OF STAY (in this place) X 29 YEARS 3mo. 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VAH, Perry Point, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 1751 Covington Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) (NONE) (Last) PARR
4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 19 53
5. SEX: MALE
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1895
9. AGE Last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Catherine (Last name unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 5441 (a) Hemorrhage into abdominal wall, — Interval Between Onset And Death: App. 1 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Post-operative gastro-jejunostomy — App. 3 wks.
DUE TO (c) Uremia — Unknown
Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis. Schizophrenia — Unknown

19a. DATE OF OPERATION: 11-2-53
19b. MAJOR FINDINGS OF OPERATION: Gastric dilatation
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24-24 19..., to 11-10, 1953, that I last saw the deceased alive on 19..., and that death occurred at 5:30 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. OPPELT, M.D. Chief, Professional Services, VAH, Perry Point, Md. 11-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 11-11-53
NAME OF CEMETERY OR CREMATORY National Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR 11/12/53
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR ADDRESS Pennington & Son, Havre de Grace, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11038

Reg. Dist. No. 1-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Farmington
MARYLAND
LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Zylmar
STREET ADDRESS (If rural give location) Md

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Margaret (Last) Gyle

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 25 1895

9. AGE last birthday: 58 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Zylmar Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Rock

14. MOTHER'S MAIDEN NAME: Cora Fetherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 213-18-1193

17. INFORMANT: Mrs Joseph McConnon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

Immediate cause (a) Carcinoma of liver, pancreas, Gall bladd — Interval Between Onset and Death: 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Gall bladd., liver, pancreas.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to Nov. 22, 1953, that I last saw the deceased alive on Nov. 22, 1953, and that death occurred at 4:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Brittingham 123 Locust St. Oxford, Pa.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/25/53

NAME OF CEMETERY OR CREMATORY: Rosebank

LOCATION (City, town, or county) (State): Calvert, Cecil Md

DATE REC'D BY LOCAL REGISTRAR: Nov 24/53

REGISTRAR'S SIGNATURE: E M Mattingston

24. FUNERAL DIRECTOR ADDRESS: Ralph M Reed, Rising Sun Md

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11039

CERTIFICATE OF DEATH

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) NORTH EAST
LENGTH OF STAY (in this place) LIFETIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY CECIL
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NORTH EAST
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) C (Last) REYNOLDS SR.

4. DATE OF DEATH: (Month) NOV (Day) 18 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 6-28-1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: RET 7 YRS

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WM REYNOLDS

14. MOTHER'S MAIDEN NAME: MARY GIBNEY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 214-01-7961

17. INFORMANT & ADDRESS: Mrs Pauline C Reynolds North East Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
430.1 Immediate cause	(a) Coronary Thrombosis	1 Hr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized Arteriosclerosis	7 yrs.
	DUE TO (c) Hypertensive Cardio Vascular Renal Disease	7 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 18 Nov, 1953, that I last saw the deceased alive on 16 Nov, 1953, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Klaus H Henkner M.D. ADDRESS No. 16 East Rd DATE SIGNED 19 Nov '53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF NOV 21-53

NAME OF CEMETERY OR CREMATORY Methodist

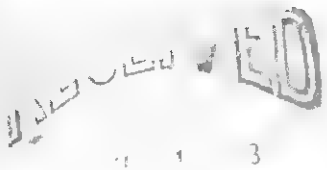
LOCATION (City, town, or county) (State) North East Cecil Co Maryland

DATE REC'D BY LOCAL REGISTRAR Nov 21-53

REGISTRAR'S SIGNATURE Sarah E. Rothermel

24. FUNERAL DIRECTOR Joseph R Grant North East Md ADDRESS

VS. A15



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11040

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 1mo.24days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxford
STREET ADDRESS (If rural give location) 17 - 8th

3. NAME OF DECEASED: (Type or Print) (First) STEPHEN (Middle) L. (Last) RINGGOLD

4. DATE OF DEATH: (Month) November (Day) 27 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-8-1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Oxford, Pa. 3
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephen Ringgold - Deceased
14. MOTHER'S MAIDEN NAME: Annie A. Johnson - Deceased

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) BRONCHIAL PNEUMONIA WITH PLEURAL EFFUSION — Interval Between Onset And Death: 4 DAYS

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) CARCINOMA OF THE ESOPHAGUS-POST OPERATIVE — 1 MONTH

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. LAENNEC'S CIRRHOSIS OF THE LIVER

19a. DATE OF OPERATION: 10-28-53
19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF THE ESOPHAGUS (RESECTED)
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-3, 1953, to 11-27, 1953 and that death occurred at 9:35 a.m., from the causes and on the date stated above.

SIGNATURE W.OPPLER, M.D. (Degree or title) CHIEF; PROFESSIONAL SERVICES, ADDRESS VAH, PERRY POINT, MD. DATE SIGNED 11-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 11-27-53
NAME OF CEMETERY OR CREMATORY Calvary
LOCATION (City, town, or county) (State) Oxford, Pa.

DATE REC'D BY LOCAL REGISTRAR Nov. 27 1953
REGISTRAR'S SIGNATURE Ida M. Vaughan, Actg Reg.

24. FUNERAL DIRECTOR Lewis B Cauffman ADDRESS LEWIS B. CAUFFMAN FUN. HOME, OXFORD, PA.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11041

CERTIFICATE OF DEATH

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fredricktown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fredricktown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) E (Last) ROSS

4. DATE OF DEATH: (Month) Nov. (Day) 24, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 20 1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Boat Builder

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Ross

14. MOTHER'S MAIDEN NAME: Telma Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT & ADDRESS: Mary Eldridge Georgetown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

434.2
Immediate cause (a) Paralysis of the heart

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Sepsis, Pneumonia, Edema Pulmon.
DUE TO (c) after Operation of the Left Hip.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 23, 1953, to Nov. 24, 1953, that I last saw the deceased alive on Nov. 24, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Leo Rosakowski (Degree or title) M.D ADDRESS Millington, Md. DATE SIGNED Nov. 25, 53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov 27 1953 NAME OF CEMETERY OR CREMATORY Bethel Cem. LOCATION (City, town, or county) (State) Rural Chesapeake City Md.

DATE REC'D BY LOCAL REGISTRAR Nov 27-53 REGISTRAR'S SIGNATURE Mrs Hereld W Cheyney

24. FUNERAL DIRECTOR Edward Kilbourn ADDRESS Millington Md.

VS. 415

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11042

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 5mo. 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pennsylvania — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Philadelphia
STREET ADDRESS (If rural give location): 3032 Agate Street

3. NAME OF DECEASED: (First) ANDREW (Middle) C. (Last) SALEGA
4. DATE OF DEATH: (Month) November (Day) 3 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	11-30-1892	60 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor	Post Office	Austria	USA

13. FATHER'S NAME: Carl Salega - Deceased
14. MOTHER'S MAIDEN NAME: Caroline Wozcik - Deceased

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WW I	162 03 1656	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (002.X)	(a) Carcinoma of the Liver	Unknown
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Pulmonary Tuberculosis	2 Years
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-19 ..., 19 53, to 11-3, 19 53, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

SIGNATURE: W. OPPLER, M.D. (Degree or title) — ADDRESS: Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: 11-3-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 11-3-53 — NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery — LOCATION (City, town, or county) (State): Philadelphia, Pa.

DATE REC'D BY LOCAL REGISTRAR: Nov. 4 1953 — REGISTRAR'S SIGNATURE: Ida M. Dougherty acty. Reg — 24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 41E

RECEIVED
NOV 6 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 9x

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. WRITE WITH UNFADING INK. The correct and partially important Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural | LENGTH OF STAY (If dead on arrival, so state)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) W (Last) Scarborough

4. DATE OF DEATH: (Month) 11 (Day) 30 (Year) 1953

5. SEX: M. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (write): Married | 8. DATE OF BIRTH: 12-24-1861 | 9. AGE last birthday: 91 yrs. | If under 1 year: Months / Days / If under 24 Hours / M

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Paper Mill | 10b. KIND OF BUSINESS OR INDUSTRY: Paper Making | 11. BIRTHPLACE (State or foreign country): Barksdale Cecil Co. Md. | 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Watson W. Scarborough | 14. MOTHER'S MAIDEN NAME: Mary Jane Whitworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Lard le Steele, Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.2 Immediate cause (a) Charred body.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. WAS CORONER'S CASE? YES ☒ NO ☐ | WAS INJURY: PRIMARY OR CONTRIBUTING CAUSE OF DEATH: | PLACE (Home, farm, factory, street, office building, etc.) OF INJURY: Home | (CITY OR TOWN): Pleasant Hill | (COUNTY): Cecil | (STATE): Md.

TIME OF INJURY: (Month) 11 (Day) 30 (Year) 53 (Hour) 8:30 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? House burned down caught in bldg.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence by me and said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: R LeDoctor MD DME (Degree or title) | ADDRESS: Rising Sun Md. | DATE SIGNED: 12-1-53

DISPOSITION (Burial, Cremation, Removal, Donation, Etc.): Burial | DATE THEREOF: Dec 3 53 | NAME OF CEMETERY OR CREMATORY: Union Cemt. | LOCATION (City, town, or county): Union | (State): Cecil Co

FILED BY LOCAL REGISTRAR: Lucy | REGISTRAR'S SIGNATURE: FR Frazer | 24. FUNERAL DIRECTOR: H W Tippin & Son | ADDRESS: Elkton Md

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 7[illegible]

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills — LENGTH OF STAY (In this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LEWIS (Middle) PRESTON (Last) STEWART
4. DATE OF DEATH (Month) 11 (Day) 24 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-9-1902.
9. AGE last birthday 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Weaver.
10b. KIND OF BUSINESS OR INDUSTRY Baldwin Mfg Co
11. BIRTHPLACE (State or foreign country) North East Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME George Washington Stewart
14. MOTHER'S MAIDEN NAME Jennie May Spence
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-09-8849
17. INFORMANT AND ADDRESS Mrs Lewis Preston Stewart, Elk Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

173.1 Immediate cause (a) Carbon monoxide Poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. [illegible] CAUSE WAS [illegible] OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office, [illegible]) OF INJURY Woods. — CITY OR TOWN Elk Mills R D — (COUNTY) Cecil — (STATE) Md
TIME OF INJURY (Month) 11 (Day) 24 (Year) 53 (Hour) 8 p. m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? attached hose to Exhaust Pipe put in car.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ___, accident ___, suicide X, homicide ___, undetermined ___.*

SIGNATURE R. C. Dodson MD (Degree or title) Dm E — ADDRESS Rising Sun Md — DATE SIGNED 11-25-53

[illegible] CREMATION (Specify) Burial — DATE THEREOF 11/28/53 — NAME OF CEMETERY OR CREMATORY North East Methodist Cem. — LOCATION (City, town, or county) North East — (State) Md.

[illegible] BY LOCAL REG. Nov 27 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR H. Walter du Bose, Jr. — ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

[illegible] WRITE [illegible] MAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age specially important. Physicians: please write the causes of death clearly and legibly.

V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11045

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

M

1

VS. A15

1. PLACE OF DEATH:

COUNTY Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point

LENGTH OF STAY (in this place) 3 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Baltimore — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural give location) 1950 Pratt Street

3. NAME OF DECEASED: (Type or Print) (First) Vincent (Middle) A. (Last) TAYLOR

4. DATE OF DEATH: (Month) November (Day) 23 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	April 1, 1928	25 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Roofer	Construction	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Benjamin Taylor	Annie Mary Noland

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WWII	Unknown	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Brain Syndrome, with Epilepsy and — Interval Between Onset And Death: 6 Years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic Alcoholism.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
		VA	m.		

22. I hereby certify that I attended the deceased from 11-20-1953, to 11-23-, 19 53, that I last saw the deceased alive on //////////, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

SIGNATURE W. OPPIER, M.D., Chief of Professional Services, VAH, Perry Point, Md. — ADDRESS — DATE SIGNED 11-23-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	11-23-53	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-24-53 — REGISTRAR'S SIGNATURE Ida M. Daugherty, acty Reg.

24. FUNERAL DIRECTOR George L. Schwab — ADDRESS GEORGE L. SCHWAB FUNERAL DIRECTOR, 2101 Frederick St., Baltimore, Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11046 96

M

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS N. Main X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland, Cecil COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit X
STREET ADDRESS (If rural give location) N. Main

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Florence (Last) West

4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 12 - 17 -1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George A. Vannort
14. MOTHER'S MAIDEN NAME: Mary J. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: G. Alvin West, Port Deposit, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
4434 Immediate cause	(a) Myocarditis	8 yrs.
DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Hypertension	"
DUE TO	(c) Arteriosclerosis	"

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1946, to 11-15, 1953, that I last saw the deceased alive on 11-15, 1953, and that death occurred at 8:15 PM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Port Deposit Md DATE SIGNED 11-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-18-1953
NAME OF CEMETERY OR CREMATORY Hopewell
LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REGISTRAR Nov. 17, 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty actg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son. ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 19 1953
BUREAU V. S.

Film#G159 Item# 14 11/25/53 emp

11047

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 91

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD — LENGTH OF STAY (In this place) Lifetime — HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural X — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FLETCHER.		White	11	20	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	Col.	Married	11-11-1868	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Farmer.	Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas White	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			Sadie White, Elkton RD2 Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Coronary Thrombosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R. L. McCracken MD DME	Rising Sun Md	11-21-53

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 23/53	St Augustine C	St. Chs. Co. Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
November 21-1953	Irma Bailey Dep Reg	Hartzell & Son	Elkton Md

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NOV 23 1953
BUREAU V. S.